



# Montana Fish, Wildlife & Parks

## 2008 Commercial Use Fishing Access Site Permit Application

Permits Valid 3/1/08 - 2/28/09

Please print

|                                                                                                                                                                                                                                                                                                                           |        |        |      |      |            |                                                                                                                                                                             |          |                                                                              |                   |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|------|------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------|-------------------|-------------------|
| Date of Birth ____/____/____ ALS# ____<br>MM DD YYYY                                                                                                                                                                                                                                                                      |        |        |      |      |            |                                                                                                                                                                             |          |                                                                              |                   |                   |
| Residents: Permit only available at FWP offices if you do not have an ALS #.                                                                                                                                                                                                                                              |        |        |      |      |            | Last 4 Digits of your Social Security Number: ____<br>(Required only if you do not have an ALS number)                                                                      |          |                                                                              |                   |                   |
| Name                                                                                                                                                                                                                                                                                                                      |        | First  |      | MI   |            | Last                                                                                                                                                                        |          | Jr. Sr.                                                                      | Home Phone<br>( ) | Work Phone<br>( ) |
| Mailing Address (Your application cannot be processed if you list only a PO Box Number)                                                                                                                                                                                                                                   |        |        |      |      |            |                                                                                                                                                                             |          | Physical Address                                                             |                   |                   |
| City                                                                                                                                                                                                                                                                                                                      |        |        |      |      |            | State                                                                                                                                                                       | Zip Code | Country<br><input type="checkbox"/> USA <input type="checkbox"/> Other _____ |                   |                   |
| <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                           | Weight | Height | Hair | Eyes | Occupation | <input type="checkbox"/> Yes FWP receives requests for mailing lists.<br><input type="checkbox"/> No Do you want your name included on lists provided by FWP to requestors? |          |                                                                              |                   |                   |
| I certify the information given is correct. I agree to comply with FWP Commercial Use Rules and understand that a violation of these rules is grounds for revocation of the permit. If I am providing angling services, I certify that I am licensed by the Montana Board of Outfitters as an angling outfitter or guide. |        |        |      |      |            | <b>X</b> _____<br>SIGNATURE OF APPLICANT - DO NOT PRINT<br>Original Signature Required<br>Faxed or photocopied signature not acceptable                                     |          |                                                                              |                   |                   |
| Type of Commerical User (check one):                                                                                                                                                                                                                                                                                      |        |        |      |      |            |                                                                                                                                                                             |          |                                                                              |                   |                   |
| <input type="checkbox"/> Licensed Fishing Outfitter or Guide Outfitter License # _____                                                                                                                                                                                                                                    |        |        |      |      |            |                                                                                                                                                                             |          |                                                                              |                   |                   |
| <input type="checkbox"/> Non-licensed Water-based Service Provider (e.g. whitewater rafting outfitter or guide)                                                                                                                                                                                                           |        |        |      |      |            |                                                                                                                                                                             |          |                                                                              |                   |                   |

### FAS COMMERCIAL USE PERMIT FEE: \$100

\_\_\_\_ Cashiers Check \_\_\_\_ Money Order \_\_\_\_ Check

(Nonresidents: Cashier's Check or Money Order Only)

Check or Money Order # \_\_\_\_\_

Amount \$ \_\_\_\_\_

*Please make payable to MT FWP*

### Return completed application to:

Montana Fish, Wildlife & Parks  
ATTN: Helena Information Center  
1420 East 6th Avenue  
PO Box 200701  
Helena, MT 59620-0701

FWP will mail your Commercial Use FAS Permit to the mailing address you provided.

Please allow up to 2 weeks for processing.

Questions?

Phone (406) 444-3888 or email [csperry@mt.gov](mailto:csperry@mt.gov)